

DEPT. OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	APPLICATION FOR A VARIANCE FROM 21 CFR 1040.11 (c) FOR A LASER LIGHT SHOW, DISPLAY OR DEVICE	Form Approved No. 57R0088 DOCKET NUMBER
NOTE: No laser light show or display device may vary from compliance with 21 CFR 1040.11(c) in design or use without the approval of this application in accordance with 21 CFR 1010.4.		
INSTRUCTIONS 1. Check all applicable boxes and type or print the requested information. 3. Mail your application to the Hearing Clerk, Food and Drug Administration Room 4-68, 5600 Fishers Lane, Rockville, MD 20857 2. Submit an original and four (4) copies. 4. Enter Docket Number if assigned.		
1. NAME OF COMPANY <div style="text-align: center; font-size: 1.2em;">Scratch Pad, The DJ WAREHOUSE</div>		
2. ADDRESS OF COMPANY (include ZIP Code) <div style="text-align: center; font-size: 1.2em;">422 N 15th ST. Studio 269 Milwaukee, WI 53233</div>		
3. NAME OF RESPONSIBLE PERSON <div style="text-align: center; font-size: 1.2em;">Todd Scheel</div>	4. TELEPHONE NO. (include area code) <div style="text-align: center; font-size: 1.2em;">414-272-7723</div>	5. DATE OF SUBMISSION
6. The applicant requests the variance to be in effect for a period of <u>2</u> years from the date of issue. (In general the Agency will approve a variance for only two years. If a longer period is requested a justification must be attached as part of the application.)		
7. PRODUCT DESCRIPTION AND USE		
a. LIST NAME AND MODEL NUMBER(S) <div style="text-align: center; font-size: 1.1em;">MOBOLAZER ML10-250, ML10-300, ML10-360W, ML10-1000 ML10-1.0G, ML10-2.5G, IMAGE-40</div>		
b. PRODUCT FOR WHICH A VARIANCE IS REQUESTED <input type="checkbox"/> A LASER DISPLAY DEVICE <input type="checkbox"/> A PROJECTOR FOR A LASER LIGHT SHOW <input checked="" type="checkbox"/> A LASER LIGHT SHOW <input type="checkbox"/> OTHER (Specify)	f. PRODUCT IS INTENDED TO BE USED AT ANY ONE LOCATION <input checked="" type="checkbox"/> MORE THAN 15 DAYS <input checked="" type="checkbox"/> MORE THAN 6 BUT NOT MORE THAN 15 DAYS <input checked="" type="checkbox"/> LESS THAN 5 DAYS	g. YOUR IS INTENDED TO RUN FOR <input type="checkbox"/> MORE THAN 6 MONTHS <input type="checkbox"/> 1-6 MONTHS <input type="checkbox"/> LESS THAN 1 MONTH <input type="checkbox"/> OTHER (Specify)
c. <input checked="" type="checkbox"/> PROJECTORS ARE INTENDED FOR SALE, LEASE OR LOAN TO OTHER LASER LIGHT SHOW PRODUCERS d. PRODUCT IS INTENDED FOR USE IN A <input checked="" type="checkbox"/> PLANETARIUM OR OTHER DOME PROJECTION STRUCTURE <input checked="" type="checkbox"/> THEATER <input checked="" type="checkbox"/> DISCOTHEQUE OR NIGHT CLUB <input checked="" type="checkbox"/> PAVILION <input checked="" type="checkbox"/> INDOOR ARENA <input checked="" type="checkbox"/> OUTDOOR ARENA <input checked="" type="checkbox"/> MUSEUM <input checked="" type="checkbox"/> OUTDOOR ENCLOSED AREA <input type="checkbox"/> OTHER (Specify)	h. PRODUCT UTILIZES THE FOLLOWING LASER EFFECTS <input checked="" type="checkbox"/> FRONT SCREEN PROJECTIONS <input checked="" type="checkbox"/> REAR SCREEN PROJECTIONS <input type="checkbox"/> HOLOGRAPHIC DISPLAYS <input type="checkbox"/> MULTIPLE REFLECTIONS (multiple channels or diffraction effects) <input type="checkbox"/> AUDIENCE SCANNING <input checked="" type="checkbox"/> REFLECTIONS FROM STATIONARY MIRROR(S) OR MIRRORED SURFACES <input checked="" type="checkbox"/> STATIONARY IRRADIATION OF ROTATING MIRROR BALL(S) OR OTHER MIRRORED SHAPES <input checked="" type="checkbox"/> SCANNING IRRADIATION OF ROTATING MIRROR BALL(S) <input checked="" type="checkbox"/> FIBER OPTIC PROJECTIONS <input checked="" type="checkbox"/> FOG, SMOKE OR OTHER SCATTERING EFFECTS <input type="checkbox"/> OTHER (Specify)	
a. PRODUCT IS INTENDED TO BE USED <input checked="" type="checkbox"/> AT ONLY ONE (fixed) LOCATION <input checked="" type="checkbox"/> AT A VARIETY OF (four) LOCATIONS <input type="checkbox"/> OTHER (Specify)		
8. LASER RADIATION LEVELS		
LASER MEDIUM(Ar, Ne-Nb, etc.) Argon Argon / Krypton Nd/YAG	WAVELENGTHS (nm) 455-514 nm 455-670 nm 532 nm	PEAK POWER (Watts) 2 Watts 500 mW 5 Watts
9. IF ANY LASER RADIATION IS PULSED OR SCANNED, GIVE THE PULSE DURATION AND RATE AND SCANNING FREQUENCY AND AMPLITUDE Scanned: D.C. to 500 Hz Amplitude: 60 deg., peak to peak		
10. REASON FOR REQUESTING VARIANCE <input checked="" type="checkbox"/> COMPLIANCE WITH THE LIMITS OF 21 CFR 1040.11(c) WOULD RESTRICT THE INTENDED USE OF THE PRODUCT BECAUSE COMPLIANCE WOULD LIMIT THE OUTPUT POWER TO THE EXTENT THAT THE DESIRED EFFECTS WOULD NOT BE SUFFICIENTLY VISIBLE <input type="checkbox"/> OTHER OR ADDITIONAL EXPLANATION (Specify)		

FORM FDA 3147 (3/87)

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11. MANNER IN WHICH IT IS PROPOSED TO DEVIATE FROM THE REQUIREMENTS OF THE APPLICABLE STANDARD

- ☒ IT IS PROPOSED TO DEVIATE FROM THE PROVISIONS OF 21 CFR 1040.11 (c) IN THAT THE ACCESSIBLE EMISSION LEVEL WOULD EXCEED THE ACCESSIBLE EMISSION LIMITS OF CLASS I OR CLASS II
- ☐ IT IS PROPOSED TO DEVIATE FROM THE PROVISION OF 21 CFR 1040.11 (c) AS FOLLOWS:

12. ADVANTAGES TO BE DERIVED FROM SUCH DEVIATION

- ☒ LASER LIGHT SHOWS AND DISPLAYS ARE ACCEPTED POPULAR MEDIA IN ENTERTAINMENT AND THE ARTS. USE OF POWER LEVELS IN EXCESS OF THE LIMITS IMPOSED BY 21 CFR 1040.11 (c) IS NECESSARY TO ACHIEVE THE REQUIRED EFFECTS IN THESE MEDIA.
- ☐ OTHER OR ADDITIONAL ADVANTAGES (describe and explain)

13. EXPLAIN THE ALTERNATE MEANS OF RADIATION PROTECTION TO BE PROVIDED. (Check as many boxes as apply. In Item 14 "Remarks", justify any boxes not checked, using additional sheets as necessary. State any other means of radiation protection that will be used.)

- a. ☒ ALL LASER PRODUCTS, SYSTEMS AND PROJECTORS WILL BE CERTIFIED TO COMPLY WITH 21 CFR 1040.10 AND THE CONDITIONS OF THIS VARIANCE AND WILL BE REPORTED AS REQUIRED BY 21 CFR 1002.10 AND 1002.12 USING THE REPORTING GUIDES PROVIDED FOR SUCH PURPOSE. THESE ACTIONS WILL BE ACCOMPLISHED PRIOR TO ANY INTRODUCTION INTO COMMERCE.
- b. ☒ EFFECTS NOT SPECIFICALLY INDICATED IN THIS VARIANCE APPLICATION WILL NOT BE PERFORMED. NO OTHER EFFECTS WILL BE ADDED UNTIL AN AMENDMENT TO THE VARIANCE HAS BEEN OBTAINED AND THE REQUIRED REPORTS OR SUPPLEMENTS, AS APPLICABLE, HAVE BEEN SUBMITTED.
- c. ☒ SCANNING, PROJECTION, OR REFLECTION OF LASER AND COLLATERAL RADIATION (LIGHT SHOW RADIATION) INTO AUDIENCE OR OTHER ACCESSIBLE UNCONTROLLED AREAS WILL NOT BE PERMITTED EXCEPT FOR DIFFUSE REFLECTIONS PRODUCED BY THE ATMOSPHERE, ADDED ATMOSPHERIC SCATTERING MEDIA, AND TARGET SCREENS.
- d. ☒ LASER RADIATION LEVELS IN EXCESS OF THE LIMITS OF CLASS I WILL NOT BE PERMITTED AT ANY POINT LESS THAN 3.0 METERS ABOVE ANY SURFACE UPON WHICH PERSONS OTHER THAN OPERATORS, PERFORMERS, OR EMPLOYEES ARE PERMITTED TO OR 2.5 METERS BELOW OR IN LATERAL SEPARATION FROM ANY PLACE WHERE SUCH PERSONS ARE PERMITTED TO BE. OPERATORS, PERFORMERS, AND EMPLOYEES WILL NOT BE REQUIRED OR ALLOWED TO VIEW RADIATION ABOVE THE LIMITS OF CLASS I OR BE EXPOSED TO RADIATION ABOVE THE LIMITS SPECIFIED IN 21 CFR 1040.11 (c).
- e. ☒ ANY PRODUCT WHICH RELIES ON SCANNING TO MEET ACCESS, EXPOSURE, OR PRODUCT CLASS LIMITS WILL INCORPORATE A SCANNING SAFEGUARD SYSTEM WHICH DIRECTLY SENSES SCANNER MOTION AND WHICH WILL REACT FAST ENOUGH TO PRECLUDE EXCEEDING THE APPLICABLE LIMIT.
- f. ☒ ALL LASER LIGHT SHOWS SHALL BE UNDER THE DIRECT AND PERSONAL CONTROL OF TRAINED, COMPETENT OPERATOR(S). THE OPERATOR(S) WILL:
- (1) IMMEDIATELY TERMINATE THE EMISSION OF LIGHT SHOW RADIATION IN THE EVENT OF ANY UNSAFE CONDITION;
 - (2) BE LOCATED WHERE ALL BEAM PATHS CAN BE DIRECTLY OBSERVED AT ALL TIMES; AND
 - (3) BE AN EMPLOYEE OF THE VARIANCE HOLDER WHO WILL BE RESPONSIBLE FOR THE TRAINING AND CONDUCT OF OPERATOR
- g. ☒ THE MAXIMUM LASER PROJECTOR OUTPUT POWER WILL NOT EXCEED THE LEVEL REQUIRED TO OBTAIN THE INTENDED EFFECTS.
- h. ☒ THE PROJECTION SYSTEM (I.E., THE PROJECTOR AND ALL OTHER COMPONENTS USED TO PRODUCE THE LIGHTING EFFECTS) WILL BE SECURELY MOUNTED OR IMMOBILIZED TO PREVENT UNINTENDED MOVEMENT OR MISALIGNMENT. BEAM LIMITS WILL BE PROVIDED AS AN INHERENT PART OF THE SYSTEM DESIGN TO PREVENT OVERFILLING OF SCREENS, BEAM STOPS, TARGETS, ETC.
- i. ☒ LASER PROJECTORS WILL NOT BE DELIVERED TO ANY OTHER PARTY UNDER AN AGREEMENT OF SALE, LEASE, OR LOAN UNLESS AND UNTIL THE RECIPIENT DEMONSTRATES THAT THEY HAVE A VARIANCE IN EFFECT AT THE TIME OF DELIVERY THAT PERMITS THEM TO PRODUCE LASER LIGHT SHOWS INCORPORATING SUCH PROJECTOR.
- j. ☒ IN ADDITION TO THE REQUIREMENTS OF 21 CFR 1040.10 (k), THE MANUFACTURER OF LASER PROJECTORS/SYSTEMS WILL PROVIDE TO PARTIES WHO PURCHASE, LEASE, OR BORROW THE EQUIPMENT, ADEQUATE USER'S INSTRUCTIONS FOR SAFE INSTALLATION AND OPERATION AND WHICH EXPLAIN THE RESPONSIBILITY OF THE RECIPIENT AS AN INDEPENDENT LIGHT SHOW MANUFACTURER TO SUBMIT THE REQUIRED REPORTS AND APPLY FOR AND OBTAIN A VARIANCE FROM CDRH PRIOR TO INTRODUCTION INTO COMMERCE OF ANY LASER LIGHT SHOWS.
- k. ☒ THE REQUIREMENTS OF 21 CFR 1002.30 (a)(1) AND (2) WILL BE ACCOMPLISHED THROUGH THE USE OF WRITTEN PROCEDURES FOR SETUP ALIGNMENT, TESTING, AND PERFORMANCE OF EACH SHOW. THESE PROCEDURES WILL BE IN SUFFICIENT DETAIL TO ENSURE COMPLIANCE WITH 21 CFR 1040.10. THE CONDITIONS OF THIS VARIANCE, AND CONTROL OF ACCESS TO RADIATION AREAS USING THE PROCEDURES DESCRIBED IN THE ANSI Z136.1 STANDARD FOR THE SAFE USE OF LASERS (AMERICAN NATIONAL STANDARDS INSTITUTE, 1430 BROADWAY, NEW YORK, NY 10018) OR ANY OTHER EQUIVALENT USER CONSENSUS STANDARD AND AND, WHERE APPLICABLE, STATE OR LOCAL REQUIREMENTS. LASER RADIATION AREAS WHICH CAN CONTAIN RADIATION LEVELS ABOVE THE LIMITS SPECIFIED IN 21 CFR 1040.11(c), WILL BE CLEARLY IDENTIFIED BY THE POSTING OF WARNING SIGNS AND/OR RESTRICTED ACCESS THROUGH PHYSICAL MEANS (SUCH AS PRESSURE SWITCHES, PHOTOCELLS, BARRIERS, GUARDS, ETC.). THESE REQUIREMENTS APPLY TO TEMPORARY AREAS (SUCH AS DURING SETUP AND ALIGNMENT PROCEDURES) AND TO FINAL OR PERMANENT AREAS. THE VARIANCE HOLDER WILL RETAIN THE RECORDS OF THESE PROCEDURES AND THE RESULTS OF ALL TESTS AS REQUIRED BY 21 CFR 1002.31. A COPY OF THE VARIANCE APPLICATION, THE APPROVAL LETTER, CURRENT PROCEDURES AND RECORDS RELATING TO EACH PARTICULAR SHOW WILL BE WITH THE OPERATOR OR OTHER RESPONSIBLE INDIVIDUAL AND WILL BE MADE AVAILABLE FOR INSPECTION BY FDA AND OTHER RESPONSIBLE AUTHORITIES

I. ☒ ADVANCE WRITTEN NOTIFICATION WILL BE MADE AS EARLY AS POSSIBLE TO APPROPRIATE FEDERAL, STATE AND LOCAL AUTHORITIES PROVIDING SHOW ITINERARY WITH DATES AND LOCATIONS CLEARLY AND COMPLETELY IDENTIFIED, AND A BASIC DESCRIPTION OF PROPOSED EFFECTS INCLUDING A STATEMENT OF THE MAXIMUM POWER OUTPUT INTENDED. SUCH NOTIFICATIONS WILL BE MADE, BUT NOT NECESSARILY LIMITED TO:

- (1) THE CENTER FOR DEVICES AND RADIOLOGICAL HEALTH, OFFICE OF COMPLIANCE (HFZ-312), 2098 GAITHER ROAD, ROCKVILLE, MD 20850, PROVIDING THE INITIAL AND CLOSING DATES FOR THE FIXED INSTALLATION AND THE ITINERARY FOR MOBILE SHOWS. IN ADDITION, UNLESS ALL ASPECTS OF EACH SHOW HAVE BEEN REPORTED AND THE ACCESSION NUMBERS CLEARLY REFERENCED, EACH NOTICE WILL INCLUDE DETAILED DESCRIPTIONS OF EACH SHOW AND A LISTING OF ALL EFFECTS TO BE PERFORMED IN SUFFICIENT DETAIL TO CONFIRM COMPLIANCE WITH THE REGULATIONS AND THIS VARIANCE.
- (2) THE FEDERAL AVIATION ADMINISTRATION (FAA) FOR ANY PROJECTIONS INTO OPEN AIRSPACE AT ANY TIME (I.E., INCLUDING SET-UP, ALIGNMENT, REHEARSALS, PERFORMANCES, ETC.). IF THE FAA OBJECTS TO ANY LASER EFFECTS, THE OBJECTIONS WILL BE RESOLVED AND ANY CONDITIONS REQUESTED BY FAA WILL BE ADHERED TO. IF THESE CONDITIONS CAN NOT BE MET, THE OBJECTIONABLE EFFECTS WILL BE DELETED FROM THE SHOW.
- (3) STATE AND LOCAL RADIATION CONTROL OFFICES/AGENCIES FOR ALL SHOWS TO BE PERFORMED WITHIN THEIR JURISDICTIONS. ALL REQUIREMENTS OF STATE AND LOCAL LAW WILL BE SATISFIED AND ANY OBJECTIONS RAISED BY LOCAL AUTHORITIES WILL BE RESOLVED OR THE EFFECTS DELETED. (LISTS OF FEDERAL AND STATE OFFICES ARE AVAILABLE FROM THE CENTER FOR DEVICES AND RADIOLOGICAL HEALTH UPON REQUEST.)

14. REMARKS

CERTIFICATION

I CERTIFY that all of the above information and statements are true, complete and correct to the best of my knowledge and acknowledge that my variance application may be denied or my variance may be revoked if this application is found to be false, misleading or incorrect in any material way. I have submitted/will submit all reports required by 21 CFR 1002.12 on the laser equipment and show(s). I further understand that I may be required by regulation or by the Director, Bureau of Radiological Health to supply such other information that may be necessary to evaluate and act on this application.

15. SIGNATURE



16. NAME (Type or Print)

Todd Scheel

17. TITLE

owner / president

FedEx USA Airbill

FedEx Tracking Number **815338001080**

1 From
Date 11-17-99

Sender's Name Scratch Pad Phone 414 272-7723

Company Scratch Pad

Address 422 N15th ST.

City Milwaukee State WI ZIP 53233

2 Your Internal Billing Reference Paid check #16.00 \$58.97

3 To
Recipient's Name Food & Drug Admin Phone _____

Company D-101 Mgmt. Bldg

Address 5630 Fischers Lane Room 161

City Kokomo State IN ZIP 46901

To "HOLD" at FedEx location, print FedEx address here.

City Kokomo State IN ZIP 46901



Form I.D. No.

0200

4a Express Package Service

☐ FedEx Priority Overnight
Next business morning

☒ FedEx Standard Overnight
Next business afternoon

Packages up to 150 lbs.
Delivery commitment may be later in some areas.

☐ FedEx First Overnight
Earliest next business morning delivery to select locations

☐ FedEx 2Day*
Second business day

☐ FedEx Express Saver*
Third business day

* FedEx Letter Rate not available
Minimum charge: One pound rate

4b Express Freight Service

Packages over 150 lbs.
Delivery commitment may be later in some areas

☐ FedEx 1Day Freight*
Next business day

☐ FedEx 2Day Freight
Second business day

☐ FedEx 3Day Freight
Third business day

* Call for Confirmation

* Declared value limit \$500

5 Packaging

☒ FedEx Letter*

☐ FedEx Pak*

☐ Other Pkg.
Includes FedEx Box, FedEx Tube, and customer pkg.

6 Special Handling

☐ Saturday Delivery
Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

☐ Sunday Delivery
Available for FedEx Priority Overnight to select ZIP codes

☐ HOLD Weekday
at FedEx Location
Not available with FedEx First Overnight

☐ HOLD Saturday
at FedEx Location
Available for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?
One box must be checked.

☐ No

☐ Yes

As per attached Shipper's Declaration

☐ Yes
Shipper's Declaration not required

☐ Dry Ice
Dry Ice, 4, UN 1845

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below

☐ Sender
Acct. No. in Section 1 will be billed

☐ Recipient

☐ Third Party

☐ Credit Card

☒ Cash/Check



Total Packages

Total Weight

Total Declared Value*

Total Charges

\$.00

Credit Card Auth

*Our liability is limited to \$100 unless you declare a higher value. See back for details.

8 Release Signature

Sign to authorize delivery without obtaining signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

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